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Claims Assignment Document	
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Date of Completion of DO/ EO 905 - Notification of Missing Requirements	
Date of Completion of DO/ EO 906 - Notification of Missing 102(e) Requirements	
Date of Completion of DO/ EO 907 - Notification of Acceptance for 102(e) Date	
Date of Completion of DO/ EO 909 - Notification of Abandonment	IN E COUV
Date of Completion of DO/EO 911 - Application Accepted Under 35 U.S.C. 111 BEST AVAIL	ABLE COPY
Date of Completion of DO/ EO 916 - Notification of Defective Response	
Date of Completion of DO/ EO 920 - Notification to Comply w/ Seq. Requirements	

UNITIED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND							
1 Date of Request: 7-19-05 2 Serial/Patent # 10/5 2027/							
3 Ple	ase refund the following fee(s)	:	4 PAP NUM	ER BER	5 DATE FILED	6	AMOUNT
/	Filing					\$	50
	Amendment					\$	
	Extension of Time Notice of Appeal/Appeal					\$	
						\$	
	Petition					\$	
	Issue					\$	
	Cert of Correction/Terminal Di	sc.				\$	
	Maintenance					\$	
	Assighment					\$	
	Other					\$	
		7 TOTAL AMOUNT OF REFUND \$ 5				50	
			8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check					
V	Overpayment		Credit Deposit A/C #:			A/C #:	
	Duplicate Payment			9			
	No Fee Due (Explanation):						
	Credit Card Rehard						
11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: John Anders TITLE: Krakjal Speciales SIGNATURE: The Ander PHONE: 308 9140 est 211							
OFFICE: AT DO/EO ***********************************							
APPROVED: DATE:							

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request for patemt fee refund									
1 Da	te of Request: 7^{-}	20-05	2 Seri	al/Pa	tent	#	/0/	520	27/
3 Please refund the following fee(s):		4 PAPER NUMBER		5 DATE FILED		6 AMOUNT			
V	Filing							\$	150
	Amendment							\$	
Extension of Time			Ĩ				\$		
Notice of Appeal/Appeal							\$		
Petition							\$	_	
	Issue							\$	
	Cert of Correction	n/Termina	l Disc.					\$	
	Maintenance							\$	
	Assignment						_	\$	
	Other							\$	
		7 TOTAL AMOUNT OF REFUND \$ 150					150		
			8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check							
	Overpayment			Credit Deposit A/C #:				A/C #:	
	Duplicate Payment			9					
	No Fee Due (Explanation):								
	Credit Card lefu	nd							
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11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: John Anderson TITLE: Paralgal Specialist SIGNATURE: John Anderson PHONE: 308-9140 ed 211									
SIGNATURE:									
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